

**FORM TO BE USED BY A PRISONER IN FILING A  
CIVIL RIGHTS COMPLAINT**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

Charles CONNORS

(Enter above the full name of the plaintiff in this action)

**COMPLAINT**

v.

Civil Action No.

09-165 (KSH)

(To be supplied by the Clerk of the Court)

Northern State Prison

Administrator - MR. GLOVER

Medical Doctor - John Hochberg

Food Service - I.T.I. MR. NASH

Correctional, O.P.C. REYNOLDS

(Enter above the full name of the defendant or defendants  
in this action)

RECEIVED

JAN - 8 2009

AT 8:30  
WILLIAM J. ALSH  
CLERK

**INSTRUCTIONS - READ CAREFULLY**

1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$150.00, your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$150.00 filing fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth below. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

The Prison Litigation Reform Act of 1996 ("PLRA"), effective April 26, 1996, has made significant changes to the in forma pauperis statute, 28 U.S.C. § 1915. The statute no longer provides for waiver of court filing fees for prisoners who are granted leave to proceed in forma pauperis. A prisoner who is granted leave to proceed in forma pauperis is not required to pay the filing fees in advance, but the prisoner is obligated to pay the entire filing fee in installment payments regardless of the outcome of the proceeding. This obligation to pay the filing fee continues even if the prisoner is transferred to another prison. Therefore, before submitting this application to the Clerk of the Court, a prisoner should consider carefully whether he or she wishes to go forward with the action.

The PLRA obligates prisoners who are granted in forma pauperis status to pay the entire filing fee in the following manner, regardless of the outcome of the litigation. 28 U.S.C. § 1915(b)(1) and (2). The agency having custody over the prisoner shall deduct from the prisoner's institutional account and forward to the Clerk of the Court (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prisoner's account or the average monthly balance in the prisoner's account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to the prisoner's institutional account each month the amount in the account exceeds \$10.00, until the \$150.00 filing fee is paid. 28 U.S.C. § 1915(b)(1) and (2). However, a prisoner who has no assets and no means by which to pay the initial partial filing fee will not be prohibited from bringing a civil action. 28 U.S.C. § 1915(b)(4).

Each prisoner plaintiff who desires to proceed in forma pauperis must submit the following to the Clerk of the Court:

- a. a completed, signed, and dated application to proceed in forma pauperis (attached hereto); and
  - b. a certified copy of your prison account statement for the 6-month period immediately preceding submission of this application, listing the account balance and all deposits into the account. A prison account statement must be obtained from the appropriate official of each prison at which you are or were confined during the preceding 6 months.
7. If your application to proceed in forma pauperis does not conform to these instructions, you will be notified by letter of the nature of the deficiencies. If these deficiencies are not cured within 120 days of the date of the letter, the complaint will be deemed withdrawn, the Clerk's file will be closed, and no fees will be assessed against you.
8. If you are given permission to proceed in forma pauperis, the Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States

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Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

1. Jurisdiction is asserted pursuant to (CHECK ONE)

☒ 42 U.S.C. § 1983 (applies to state prisoners)

☐ Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics,  
403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

\_\_\_\_\_

2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

- a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

\_\_\_\_\_

Defendant(s): \_\_\_\_\_

\_\_\_\_\_

- b. Court and docket number: \_\_\_\_\_

- c. Grounds for dismissal: ( ) frivolous ( ) malicious ( ) failure to state a claim upon which relief may be granted

d. Approximate date of filing lawsuit: \_\_\_\_\_

e. Approximate date of disposition: \_\_\_\_\_

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? Northern State Prison

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

a. Name of plaintiff: Charles Connors

Address: Northern State Prison, P.O. Box 2300

Frontage Rd. NEWARK, N.J. 07114

Inmate #: 419516 S.B.I. #987280A

b. First defendant - name: Administrator - Mr. Glover

Official position: Administrator

Place of employment: Northern State Prison

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

I inmate Charles Connors "wrote" numerous REMEDY's  
with ATTACH letters to c/o Administrator Mr. Glover to, this  
PRESENT day NEVER receive any Responses even hand  
delivery to Social Workers department to my Unit Social  
Worker, place such said REMEDY's in Inmate REMEDY  
BOX

c. Second defendant -- name: Medical Doctor JOHN Hochberg MD.

Official position: Medical Doctor

Place of employment: Northern State Prison

How is this person involved in the case?

(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

During A colon, checkup he violated my persons by  
Forcefully RAMING his fingers <sup>2x</sup> or fingers in my Rectum  
without Lub or GREASE ALSO REMARKS AND STATEMENTS MADE  
during the Such SAID Above state ments.

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

☒ Yes ☐ No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

I wrote Medical Director explaining the Above  
State ments AND Issues at hand, Asking for A specialist  
to check damage AND CONF. CONCERNING the Above  
state ments To, This Present date. NO-Responses

If your answer is "No," briefly explain why administrative remedies were not exhausted.



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## 6. Statement of Claims

(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

Administrator - MR GLOVER;

MEDICAL Doctor - JOHN Hochberg, MD. ON About December 8, 2008  
AFTERNOON I was violated AND Abuse by him during colon, check up  
he forcefully RAM his fingers in my Rectum without lub or freeze  
THEN made discriminated statements concerning My life style.  
I.T.I. MR. NASH - I've been A food service wkr. since December 2007  
I move to the Compound 10-23-08 AND spoken with the T/mate Power PRO  
of the Compound Kitchens - (I.D.R. About work he said I'm hired well, when  
MR. NASH got ear of what was going on he stop the hiring AND  
stated we cant have that faggit working here AND other discriminations  
RE-MARKS:  
CORRECTIONAL OFFICER - Mr. Reynolds - has been discriminating AND  
bias, since living on his living unit, I've move to his unit on about  
10-23-08, AND when new T/m comes to living unit A T/m social worker  
comes to your cell AND asks your job, state AND S.B.I. Members At that  
time I gave it to him, he turns it into the living unit OFFICER. For job AND  
records purposes, well S.C.O. REYNOLDS discriminated against me by  
showing biasness AND statements concerning my life style AND Refusing  
work, he, hired two T/m whom come to, this such, said living unit AFTER

7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I'd like a Jury Trial to hear this  
Case, due to my Constitutional Rights  
being violated. here within this Institution  
Under the Care of the Governor of New Jersey

8. Do you request a jury or non-jury trial? (Check only one)

(☒) Jury Trial

( ) Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9th day of January, 2009

Charles Connors  
Signature of plaintiff

Charles Connors

EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD  
ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF  
MUST SIGN THE COMPLAINT.

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

*Prison Refuses to Give me Account Slips*  
ACCOUNT CERTIFICATION FORM

*I've Requested.*

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Institution

**NOTICE TO PRISON OFFICIALS:** Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

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(Cut along dotted line)

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